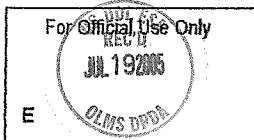


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>4813</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Michael W. Wood</u> P.O. Box, Bldg., Room No., if any <u>P.O.B. 945</u> Street _____ City <u>Quincy</u> State <u>CA</u> ZIP Code + 4 <u>95971</u>	4. Name, file number, and address of labor organization. Name <u>WESTERN Council of Industrial Workers</u> Labor Organization File Number <u>010145</u> <u>Local 3074</u> P.O. Box, Building and Room Number, if any <u>P.O.B. 541</u> Street _____ City <u>Chester</u> State <u>CA</u> ZIP Code + 4 <u>96020</u>
5. Position in labor organization: <u>Business Representative, Financial Secretary/Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Mike Wood

On 7-11-05
Date

530-258-2814
Telephone Number

Name of Person Filing

Michael W. Wood

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Lumber Industry Pension Fund

Trade Name, if any: -

P.O. Box, Bldg., Room No., if any

Street 2929 N.W. 31st

City Portland

State OR

ZIP Code + 4 97210

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Lumber Industry Pension Fund

Trade Name, if any: -

P.O. Box, Bldg., Room No., if any

Street 2929 N.W. 31st

City Portland

State OR

ZIP Code + 4 97210

11.a. Nature of such dealing.

Pension Board of Trustee Meeting 5/17, 18/04
" " " " 11/15, 16/04

11.b. Approximate dollar value of such dealing.

835.96

12.a. Nature of interest held or income received.

Trust paid expenses directly or reimbursed
To the Local. There is no personal payments
or reimbursements. Please See Attached #1
expense report.

12.b. Amount.

0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

NA

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

0

The Lumber Industry Pension Fund
TRUSTEE EXPENSE REPORT 2004

Attachment #1
 Michael Wood
 12/31/05

EXPENSE CODES

F - Food
 IF - IF Conf. fees
 L - Lodging
 T - Travel

REIMBURSEMENT CODES

1 - Trust paid directly
 2 - Trust reimbursed Trustee
 3 - Trust reimbursed the Union

TRUSTEE NAME: Mike Wood

Date of Event	Expense Code	Reimburse Code	Amount	Comment
5/18/2004	T	3	235.19	B of T mtgs
"	L	3	129.38	"
5/17/2004	F	1	114.93	Trustee Dinner
5/17-18/2004	F	1	39.75	B of T mtgs
11/15/2004	T	3	157.50	B of T mtgs
"	F	1	24.75	Trustee Dinner (deposit)
"	F	1	116.22	Trustee Dinner
11/15-16/04	F	1	38.24	B of T mtgs